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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

*None will*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None will*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY SINGAPORE	SHEETS DRAWING 8	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 7
Verified and Acknowledged	Examiner's Signature <i>WLL</i> Initials				

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## TITLE

Semiconductor device layout and channeling implant process

FILING FEE  RECEIVED 1456	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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